

Independent Living Needs of Foster Youth with a Mental Illness
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Jefferson County is the only county in the state that has its own Independent Living team. With the assistance of Eastern Kentucky University, youth receive a standardized independent living curriculum geared toward the mean functioning of youth age 16 to 20. This curriculum has served many youth on their way to self-sufficiency but tends to leave those children with mental and emotional disabilities behind. The material contained in the five subcategories; employment, money management, daily living skills, housing and community resources and self care tasks, is simply above the understanding of many of these youth. To date there is no standardized curriculum for those with emotional and mental disabilities.

The purpose of the quantitative study is to look at group demographics, determine the independent living needs of mentally ill youth as well as determine the utility of the current independent living assessment in determining the independent living needs of mentally ill foster youth. The Ansell Casey Life Skills Assessment II (for 11 to 14 year olds) & III (for 15 to 20 year olds) Care giver forms were collapsed to include all items in one modified ACLSA Caregiver form that included all variables on each assessment.

The sample included Social Service Workers employed by the Department of Community Based Services that were assigned case responsibility for committed youth age 16 to 20 with a chronic mental illness. Social Service Workers completed the ACLSA modified version. It contains 84 items measured on a Likert Scale ranging from 1 (not at all like the youth) to 3 (most like the youth). The researcher also completed a chart file review on all cases included in the sample.

The youth represented were in care an average of 53.5 months with a range of 1 to 168 months. They were living for the most part in restrictive placements with 60% residing in private childcare facilities and 13.3% residing in psychiatric hospitals. They had a mean number of 2.5 entrances into psychiatric hospitals and had an average of 11.43 placements since their entrance into foster care. The youth's primary Axis I Diagnosis were as follows; depressive disorders made up 43.3% of the sample, bipolar disorders 30%, conduct related disorders 19.9% and thought disorders (schizophrenia and disassociate identity disorder) 6.6%.

Independent sample T tests were run for all demographic variables to rule out the affects of IQ, months in care, number of placement, number of hospitalizations and type of Axis I diagnoses on independent living skill levels. All were non-significant findings.

The youth scored low in all subcategories but especially low in hard skill development. The youth also scored lower than the normative scores on all subcategories listed by Ansell Casey on BOTH the ACLSA II and III. Further studies may include having the youth fill out the assessment on their own, having a larger sample and giving the youth the ACLSA I (for 8 to 10 year olds).

The Qualitative study looked at the independent living needs of foster youth with a mental illness from the perspective of their DCBS Social Service Workers employed on the Independent Living team. Social Service Workers were asked a series of questions regarding independent living needs in a semi structured format. Interviews were recorded and transcribed. Utilizing Tesch's approach the researcher found a handful of overarching themes. Themes that emerged were independent living curriculum, characteristics of youth, the need for training, the need for macro change, and concerns over hospitalization, employment and placements. Overall, workers expressed frustration over the current curriculum and the differences between working with youth with a mental illness as opposed to those youth without a mental illness.

The implications for practice are huge. Youth are not being serviced in independent living classes due to the behavioral manifestations of their mental illness. When they do get serviced in classes the standardized curriculum is much too difficult for their current functioning. Workers feel frustrated over their inability to provide quality services to their special need clients. The curriculum needs to be tailored to the abilities of special needs clients. This need is supported by the Chaffee Independence Act of 1999. This law requires that states create a specialized curriculum for those with mental or developmental disabilities by 2004 or suffer financial repercussions.

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Independent living and Mentally Ill Foster Youth

- Estimates as high as 50% on the number of foster youth that have been diagnosed with a psychiatric disorder (McMillen & Tucker, 1999).
- Current independent living services and standardized curriculum are designed to meet the needs of *non-mentally ill youth*.
- The Chaffee Independence Act of 1999 requires states to design standardized curriculums for those youth with learning or behavioral disabilities (P. L. 106-169).
- Kentucky does not have a standardized curriculum or assessment tool for these disabled populations.



Research Questions for Quantitative Study

- Who are the mentally ill foster youth of Jefferson County (demographics)?
- What are the independent living needs of these youth?
- Which of the Ansell-Casey Life Skills Assessments (the II for youth age 11 to 14 or the III for youth age 15 to 20) is more appropriate for foster youth with a mental illness age 16 to 20.



Research Design and Sample

■ Design

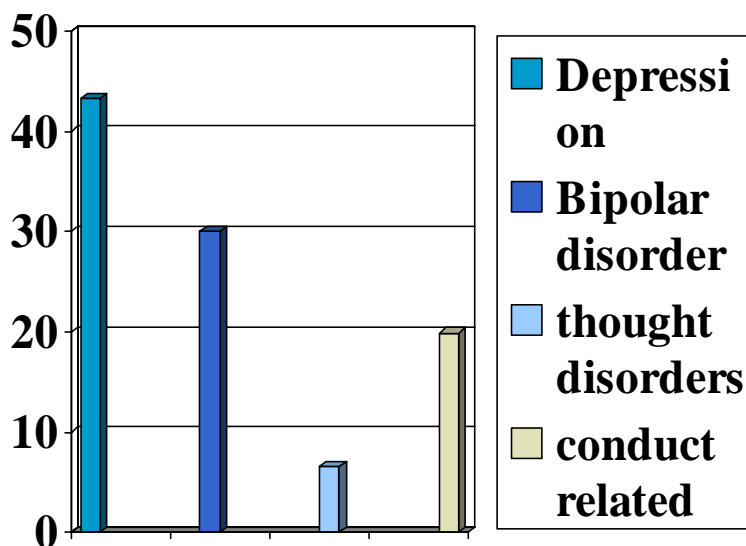
- A descriptive, non-experimental study
- Chart file review
- Modified ACLSA caregiver assessment that includes five subcategories. There are 84 questions measured on a 1 (not like the youth) to 3 (very much like the youth) Likert scale.

■ Sample

- Purposive sample
- Thirty subjects
- Subjects were Social Service Worker's of committed mentally ill foster youth age 16 to 20. They completed the assessment on the youth's behalf.

Demographics

Axis I Diagnosis by Category



■ Placement

- 60% currently reside in private childcare placements and 13.3% are in psychiatric hospitals.
- Average # of placement changes is 11.4
- Average number of psychiatric hospitalizations is 2.5

■ Length of time in care

- Average length of time in care is 53.5 months.
- Range of time in care from 1 to 168 months.

What are the independent living needs of mentally ill foster youth?

- Sample scored significantly lower in all competency areas than the normative scores listed by Ansell-Casey but scored especially lower in hard skill mastery (Nollan et al., 2000).
- Hard skills: money management, housing and community resources, work and study habits.
- Soft skills: daily living skill, self care and social development.



ACLSA II or III: Which is more appropriate?

■ Daily Living Tasks

- Youth scored significantly lower on a one sample T test on both the ACLSA II and III than the normative scores with a P value =.00

Mean Scores

<u>sample</u>	<u>ACLSA-II</u>	<u>ACLSA-III</u>
	2.03	1.91
<u>Norm</u>	<u>ACLSA-II</u>	<u>ACLSA-III</u>
	2.42	2.30

■ Self Care Tasks

- Youth scored significantly lower on a one sample T test on both the ACLSA II and III than the normative scores with a P value =.00

Mean Scores

<u>sample</u>	<u>ACLSA-II</u>	<u>ACLSA-III</u>
	2.01	1.97
<u>Norm</u>	<u>ACLSA-II</u>	<u>ACLSA-III</u>
	2.54	2.67

ACLSA II or III: Which is more appropriate?

■ Money Management

- Youth scored significantly lower on a one sample T test on both the ACLSA II and III than the normative scores with a P value $=.00$

Mean Scores

<u>sample</u>	<u>ACLSA-II</u>	<u>ACLSA-III</u>
	1.88	1.43
<u>Norm</u>	<u>ACLSA-II</u>	<u>ACLSA-III</u>
	2.42	2.31

■ Social Development

- Youth scored significantly lower on a one sample T test on both the ACLSA II and III than the normative scores with a P value $=.00$

Mean Scores

<u>sample</u>	<u>ACLSA-II</u>	<u>ACLSA-III</u>
	1.65	1.52
<u>Norm</u>	<u>ACLSA-II</u>	<u>ACLSA-III</u>
	2.35	2.44

ACLSA II or III: Which is more appropriate?

■ Work and Study Habits

- The Work and Study Habits category is only on the ACLSA-II. Youth scored significantly lower than the norms for this category with a $P=.00$

Mean Scores

<u>ACLSA-II</u>	<u>Norm</u>	<u>Sample</u>
	2.45	1.50

■ Housing and Community Resources

- The Housing and Community resources category is only on the ACLSA-III. Youth scored significantly lower than the norms for this category with a $P=.00$

Mean Scores

<u>ACLSA-II</u>	<u>Norm</u>	<u>Sample</u>
	2.13	1.44

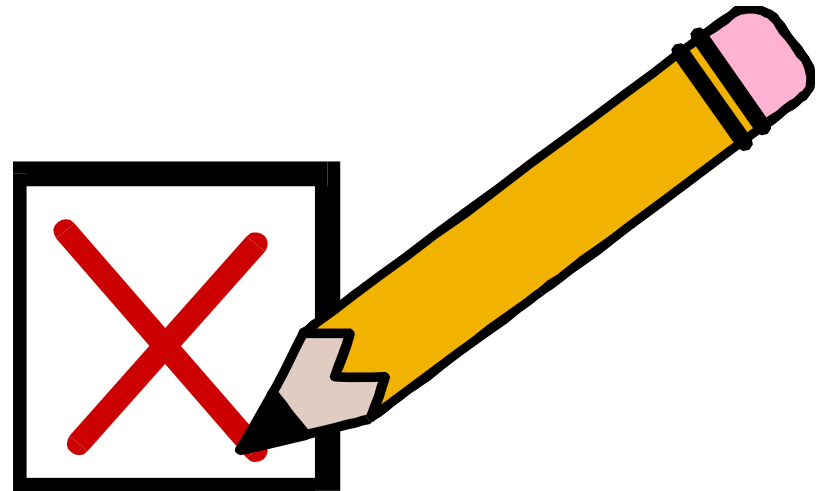


Quantitative Discussion

- Neither the ACLSA II or III appear to be appropriate measures of independent living needs for this sample. Youth scored significantly lower on all subscales of both the ACLSA II and III.
- The ACLSA-I for 8 to 10 year olds may be the appropriate measure for the youth in this sample.
- A standardized assessment tool and curriculum for the mentally ill is a necessity.
- It is imperative both ethically and legally that these youth receive independent living services and classes that meet them at their mean level of functioning.

Qualitative Research Questions

- **How do the independent living needs of mentally ill foster youth differ from the needs other foster youth?**
- **What services are available to this population in Jefferson County?**
- **What barriers exist in accessing these services?**
- **What housing, mental health and employment services could you envision that would assist a foster youth with a mental illness in their transition into adulthood?**





Needs Assessment of Foster Youth with a Mental Illness

- **Design**
Semi structured mini-ethnographic interviews.
- **Sample**
Purposive sample of 5 social service workers and other support staff employed on the independent living team
- **Data Analysis Plan**
 - Semi structured interviews were recorded, transcribed and then coded.
 - Documents were coded according to themes
 - Themes were compared across all data documents to look for patterns and anomalies.



What workers had to say on the characteristics of the youth they serve with a mental illness.....

- “Well you can assume that everyone can toast bread, boil water, know to lock a door when they leave home, things like that. You can not make those assumptions when working with the mentally ill. If they have spent the majority of their time in restrictive placements they may have a very limited knowledge base.”
- “They may not be able to to do some very simple tasks that we take for granted such as washing your face or taking Aspirin when your head hurts.”
- “When you are teaching independent living skills to a group of kids without a mental illness you can at least assume that there are some core skills that all members of the group posses.”



What workers had to say on the utility of the existing independent living curriculum.

- “The biggest issue is the curriculum. We can’t service these youth with the existing curriculum yet we are required ethically and legally to service every eligible youth in the state of Kentucky. How can I do my job?”
- “The curriculum that is in place is geared toward youth that function in the normal range. It is hard for these youth to understand the material. They need a more individualized approach to learning independent living skills.”
- “I have gotten referrals on kids that need to learn to tie their shoes. How can I turn them down? Ethically and by the law I can’t refuse services but at the same time the curriculum doesn’t fit their needs.

What workers had to say about macro changes.



- “It is a much needed service and every meeting that I am in on independent living this topic comes up. No one one knows what to do for the mentally ill and retarded in regard to independent living services. Nobody has an answer. This is a huge issue.”



Qualitative Discussion

- The other themes that came up in the interviews were...
level of care and services, placement issues, need for further training, need for collaboration, employment needs and youth hospitalization.
- Overwhelmingly all workers expressed a need for a revised independent living curriculum for their mentally ill clients. They also expressed frustration at attempting to tailor the existing curriculum to the diverse needs of their mentally ill clients.



Putting It All Together

- Future research may include administering the Ansell Casey I to see if the youth score in the normative range with the 8 to 10 year olds.
- This study could also be replicated by expanding the original sample size and giving it directly to the youth rather than the social service workers.
- Workers' feel frustrated over the utility of the curriculum and are painfully aware of the changes that need to occur in regard to independent living services and the mentally ill.
- The state of Kentucky is required under the Chafee Independence Act to make changes in the independent living curriculum or face financial repercussion in the 2004 fiscal year.